

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90140 044 ***150.00

DOCUMENT # P00000082400

1. Entity Name
T&C TRADING COMPANY

Principal Place of Business

**19221 NE 10TH AVENUE
 SUITE 412
 MIAMI FL 33179**

Mailing Address

**19221 NE 10TH AVENUE
 SUITE 412
 MIAMI FL 33179**

2. Principal Place of Business

19255 NE 10 TH AVE

Suite, Apt. #, etc.

524

City & State

MIAMI FL

Zip

33179

Country

U.S.A.

3. Mailing Address

19255 NE 10 TH AVE

Suite, Apt. #, etc.

524

City & State

MIAMI FL

Zip

33179

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1036987

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORO, PEDRO PABLO
 19221 NE 10TH AVENUE
 SUITE 412
 MIAMI FL 33179**

Name **TORO, PEDRO PABLO**

Street Address (P.O. Box Number is Not Acceptable)

19255 NE 10 TH AVE. AP. # 524

City **MIAMI**

FL

Zip Code **33179**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TORO, PEDRO PABLO 19221 NE 10TH AVENUE SUITE 412 MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pedro P. Toro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-01

Date

(305) 2495320

Daytime Phone #

CR2E034 (10/00)